

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

[Signature]

PLAINTIFF Ralph Howard	COURT CASE NUMBER 08C3726 08C03726
DEFENDANT Officer Lisa Rapp, et al.	TYPE OF PROCESS S/C
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Buds Ambulance	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1234 E. Sibley Blvd., Dolton, IL 60419	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
Ralph Howard 21744 Jeffrey St. Sauk Village, IL 60411	
<input checked="" type="checkbox"/> Number of process to be served with this Form - 285 1	
<input checked="" type="checkbox"/> Number of parties to be served in this case 7	
<input checked="" type="checkbox"/> Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED**Aug 12, 2008**
AUG 12 2008 RCfold**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT,**

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		07-23-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 6 of 7	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	Td	Date 07-22-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Scott Gravante - CFO	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 8/4/08	Time 7:30 AM	am
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Service Fee 10.00	Total Mileage Charges (including endeavors) 4.55	Forwarding Fee 0.00	Total Charges 14.55	Advance Deposits 0.00	Amount owed to U.S. Marshal 14.55	Amount of Refund 0.00
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One service fee charged some cash 10.00 see process sheet + 10.00

REMARKS:

- 1DUSM, 2 hrs, 30 miles RT. \$M